



CERTIFICATE MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 18, 2004.


Alan C. Rose, Reg. No. 17,047

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/704,364
Applicant : Joseph M. Iglesias et al.
Filed : November 2, 2000
Art Unit : 3764
Examiner : Brown, Michael A.
Title: : MOLDED ORTHOPAEDIC DEVICES

Docket No.: : 480032-312
Customer No. : 24201

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUN 29 2004
TECHNOLOGY CENTER R3700

AMENDMENT

Dear Sir:

In response to the Office Action Mailed June 2, 2004, application elects the claims of Group 1 with traverse.




One claim 96 is being added.

The claims start on page 2, Remarks on page 13.

06/24/2004 BABRAHA1 00000085 09704364

01 FC:2202

9.00 DP

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 480032-312 (66837)	
Applicant(s): Joseph M. Iglesias et al.						
Application No. 09/704,364	Filing Date November 2, 2000	Examiner Michael A. Brown	Customer No.	Group Art Unit 3764	Confirmation No.	
Invention: MOLDED ORTHOPAEDIC DEVICES						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	96 -	95 =	1 x	\$9.00	\$9.00	
INDEP. CLAIMS	11 -	11 =	0 x	\$43.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$9.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$9.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-2425 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 _____ Signature			RECEIVED JUN 29 2004 TECHNOLOGY CENTER			
Dated: June 18, 2004 Alan C. Rose, Reg. No. 17,047			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on June 18, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Alan C. Rose, Reg. No. 17,047 Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						